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Bib Data Sheet

CONFIRMATION NO. 1864

SERIAL NUMBER 09/298,282	FILING DATE 04/23/1999 RULE	CLASS 725	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. SLA0115
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APPLICANTS

MUHAMMED IBRAHIM SEZAN, CAMAS, WA; .
 REGIS J. CRINON, CAMAS, WA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/11/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
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ADDRESS
 MARGER JOHNSON & MCCOLLOM, P.C.
 1030 S.W. MORRISON STREET
 PORTLAND , OR
 97205

TITLE
 DTV DATA SERVICE APPLICATION AND RECEIVER MECHANISM

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged	STATE OR COUNTRY WA Examiner's Signature _____ Initials _____	SHEETS DRAWING 5	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/298,282	04/23/99	348	2711	SLA0115

APPLICANT

MUHAMMED IBRAHIM SEZAN, CAMAS, WA; REGIS J. CRINON, CAMAS, WA.

****CONTINUING DOMESTIC DATA*******
VERIFIED

SEB

****371 (NAT'L STAGE) DATA*******
VERIFIED

SEB

****FOREIGN APPLICATIONS*******
VERIFIED

SEB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>SEB</u> Examiner's Initials	WA	5	14	3

ADDRESS

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SHARP LABS OF AMERICA
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CAMAS WA 98607

TITLE

DTV DATA SERVICE APPLICATION AND RECEIVER MECHANISM

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